Accountable Community of Health
Grant Opportunity Announcement for Community Health Planning (GOA #14-015)
Tacoma-Pierce County and the Pierce County Health Innovation Partnership

Project Narrative

Tacoma-Pierce County Health Department is pleased to submit this Accountable Community of Health planning application on behalf of the Pierce County Health Innovation Partnership. Our community is poised to do this work as evidenced by having a significant amount of readiness, momentum and commitment by key leaders to reform health and achieve Triple Aim outcomes. Our recently completed Community Health Needs Assessments and Community Health Improvement Plan provides us a roadmap to address the health needs and concerns of our communities.

The marriage of key health partners who have the ability to change major systems and community members and organizations who are working for change will bring about dynamic results in the way that we approach and implement health reform in our county. We have strong will and capacity- the right people and climate at the right time.

The Pierce County Health Innovation Partnership (b. Feb 2014) brings together all of these moving parts with a commitment to move forward collaboratively. The Partnership believes that in order to advance health in our county, we need alignment, coordination, communication, integration, improved health access and commitment between health care systems and the community. This grant award will re-affirm our commitment and allow us to organize ourselves in a way that will bring lasting change and better health to our entire population.

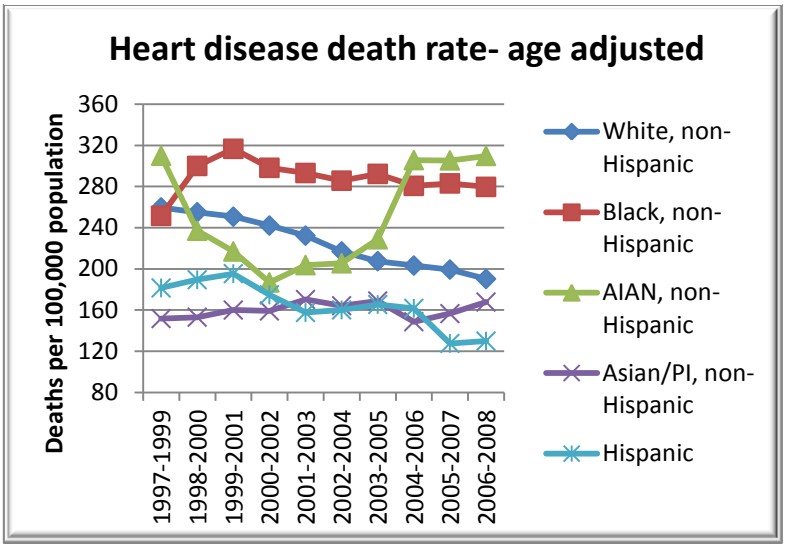
Geographic population served

Pierce County is the second largest county in Washington (Figure 1). It has a population of 813,600 and comprises culturally and socioeconomically diverse urban, suburban, rural and island communities in a 1,768-square-mile area bordering south Puget Sound. Pierce County includes 23 incorporated cities and towns- the largest of which is Tacoma (population 203,400) – and rapidly developing unincorporated areas. Pierce County is the second most populated and the fourth most densely populated county in WA State. The military influence is strong here, with 58,000 individuals employed by Joint Base Lewis-McChord, Madigan Army Medical Center, and the Washington State National Guard. The 3,800-member Puyallup Tribe of Indians has a reservation in northern Pierce County. A number of rapidly growing suburban communities

Figure 1: Pierce County, Washington

are home to large numbers of commuters, many of whom drive to Olympia or to Seattle daily.

Figure 2: Heart Disease Death Rate, Pierce County



Rates of chronic disease in Pierce County are significantly higher than those in King County to the north and Thurston County to the south. In a 2007 assessment to determine counties most at risk for chronic disease, the WA State DOH identified Pierce County as having one of the highest rates of diabetes, heart disease, and stroke among Washington's 39 counties. Among the nine largest counties in the state, Pierce County had the highest rate of death from heart disease.

In 2009, 40% of all adults had a history of high cholesterol, 30% had a history of hypertension, 64% were obese or overweight and 17% smoked cigarettes. The statistics for Pierce County are even more compelling when analyzed by subpopulations, particularly in relation to Washington state averages for the same subgroups.

Figure 1 and Table 1 shows that Pierce County suffers from heart disease disproportionately compared to the state. This applies not only population-wide, but for all subgroups. Especially hard-hit are African-Americans and Native Americans/Alaska Natives, whose mortality rate from these diseases is 40-50% greater than their Caucasian counterparts in Pierce County, and 65-110% greater than Caucasians state-wide.

Table 1: Chronic disease age-adj. mortality rate per 100,000 by race/ethnicity*

(Death Certificate Data - Washington State Department of Health, Center for Health Statistics: 2005-2009)

Cause of death	African American	Asian/Pacific Islander	Latino / Hispanic	Native Am / Alaska Native	Cauc. – Non-Hispanic
Heart Disease	**269**/209	166/124	163/147	**274**/237	190/164
Stroke	**87**/58	51/53	**56**/44	**85**/58	43/41
Diabetes	59.3/56.4	30.0/**22.4**	34.7/34.9	77.6/56.9	24.7/**22.6**

Table 2: % population with chronic disease risk factors by race/ethnicity and income*

(BRFSS: Pierce Co. 2005+2007+2009; WA state 2007+2009)

Risk factor/Rate	<$20,000 household income	African American	Asian	Latino / Hispanic	Pacific Islander	Native Am / AK Native	Cauc. – Non-Hspnc

Adult Smoking	28.7/29.4	**23.0**/19.4	16.0/7.5	12.5/12.2	24.6/19.3	**34.2**/30.8	18.1/15.5
Adult Overweight & Obese	**70.2**/63.9	71.9/72.6	57.8/36.7	68.8/68.8	71.9/64.9	60.9/70.4	64.4/61.7
Hypertension	30.5/31.7	**43.1**/34.5	16.8/14.8	9.3/13.3	26.6/24.4	26.0/27.6	29.4/27.8
High Cholesterol	41.0/44.0	**44.4**/36.1	31.6/31.0	31.4/31.1	30.9/28.8	39.8/35.0	37.1/38.2

Tables 1 and 2: red indicates rate higher than equivalent Caucasian population; bold **red indicates rate is also higher than respective state value; limited sample size for some race/ethnicity statistics*

In terms of chronic disease risk factors (Table 2), prevalence across subgroups also tends to be higher than found in equivalent state values, but not consistently or to the same degree. The subgroups of greatest concern are households with less than $20k/yr income and African-Americans, across nearly all four risk measures. Pacific Islanders, Native Americans, and Hispanics also show higher incidence of smoking and obesity than Caucasians in Pierce County.

In the 2014 Robert Wood Johnson County Health Rankings, Pierce County scored near the bottom third for overall health. We rated 25 out of 39 compared with other counties in the state and fared worse than the state average in 26 out of 34 health indicators (Table 3).

Table 3: Select Pierce County and Washington State Indicators

Health Indicator	Pierce County Rate	Washington State Rate
Premature Deaths *per year*	6,718	5,709
Poor Mental Health Days *per month*	3.9	3.6
Chlamydia Infections	531.2	360.8
Adult Smoking	18%	16%
Adult Obesity	31%	28%
Access to Healthy Food (FEI- Food Environment Index)	7.2	7.7
Physical Inactivity	22%	19%
Ratio of Primary Care Physicians to People	1,480:1	1,216:1
Ratio of Mental Health Providers to People	376:1	544:1
Preventable Hospital Stays *per year*	51	44

The Pierce County Community—Where We Are

Our county has many strengths and assets (Figure 3). Pierce County is host to a spectrum of health and human service organizations and coalitions that have formed in response to community health needs. Over the last two decades, capacity for this work has grown, partnerships have matured and successes have increased. We've learned what to do and what not to do. We've learned how to work together in times of funding challenges and in politically sensitive environments. Pierce County is big, but also small enough to get things done. We have a strong network of health providers, health systems and those who support them. These include Franciscan Health System, MultiCare Health System, Group Health, Madigan Healthcare System (Joint Base Lewis-McChord), Northwest Physician's Network and the Pierce County Medical Society.

Most importantly, we work well together. For example, the Pierce County Immunization Coalition brings together medical providers, pharmacists, school nurses and other community

partners to support policy and program development, share surveillance data and identify best practices to improve immunization rates in Pierce County.

Multiple county entities are and have been involved in collaborative efforts to achieve healthy communities and populations, improve health care quality and lower costs. Some examples are provided in Table 4 below. *A more comprehensive inventory of all county Triple Aim efforts will be conducted as part of our Community Grant planning process.*

Figure 3: Strengths and Assets
(Source: Pierce County Health Needs Assessment)

Table 4: Collaborative Efforts to Achieve Triple Aim

Topic Area	Partners	Detail
Mobile Health Clinic	OptumHealth & MultiCare Health System	Provides primary + behavioral health care via a mobile van. Shared electronic medical records available on the van thru EPIC. Patients are seen for mental health needs and screened and followed for BMI, blood pressure, and A1C (among other screenings and care management).
Asthma Home Visits	Coordinated Care, Tacoma-Pierce County Health Dept. & MultiCare	Mary Bridge Children's Hospital (MultiCare) provides referrals of children with asthma to the Health Department. Health Department staff conducts home visits. Coordinated Care pays for these services for their clientele.
Co-location of Clinics	Coordinated Care & Madigan	Coordinated Care provides staffing and health care support to clients at Madigan Hospital (Joint Base Lewis-McChord)
Geo-mapping	OptumHealth & Community Health Care	OptumHealth geo-mapped mental health client residents in relation to service locations. As a result, they located new services at existing Community Health Care sites and primary care offices and opened new locations. Contracted providers could earn additional money if they could demonstrate they were reaching clients in targeted areas.
Peer Bridgers	OptumHealth & Franciscan Health System	Use trained and certified Peer Bridgers to engage with patients and families through the behavioral health treatment process. Co-located a Peer Bridger and mental health professional at Good Samaritan Hospital Emergency Dept. (Franciscan) during peak hours. Program has improved provider contact within 7 days and shown a reduction in readmissions.
Automatic Alerts	OptumHealth, MultiCare and Franciscan	Auto alerts are sent to OptumHealth when a patient enrolled in a Health Home visits a local Emergency Department.
COMPASS Project (Care of	Community Health Plan of	Helps to solidify the collaborative care management model as a solution for improved management of both mental and physical health problems.

Mental, Physical and Substance Use Syndromes)	Washington & AIMS Center (UW)	Intended outcome is to provide a national approach to improve patient health outcomes, the patient's care experience and the affordability of care.
Care Coordination	Molina Health Care and Area Agency on Aging (AAA)	Contracting with human service agencies to provide care coordination for medical homes.
Co-location of Clinics	Community Health Care and OptumHealth	OptumHealth provides behavioral health care and support at Community Health Care clinics.
Antibiotic Resistance	Medical Providers, Major Hospital Systems and TPCHD	Since 2000, Pierce County medical providers, hospital systems and pharmacists have worked Tacoma-Pierce County Health Department on the Pierce County Antibiotic Resistance Task Force. They have created an antibiotic resistant infection surveillance system, produced guidance to clinicians and patients and developed policies and procedures for healthcare providers to address this costly problem and improve patient outcomes.

Over the last three years, our local ACHIEVE coalition led an initiative called the Pierce County Community Transformation Partnership. Funded by the CDC, this partnership created a "super coalition" of multiple entities working across sectors to decrease chronic disease and related risk factors. The Pierce County Community and Clinical Preventive Services Coalition was created out of this effort. Participating organizations include the major health care systems, health organizations, public health and other community agencies.

The work of this super coalition has been groundbreaking in terms of identifying common priorities, building capacity and coordination of multiple agencies in chronic disease work and setting common goals and priorities. Together, they engage in the following priority work:

1. **Increase the number of health care systems in Pierce County that use a common set of standardized chronic disease management measures.**
   Instituting and monitoring standardized protocol for tracking and treating chronic diseases using evidenced-based protocol and informed by current practice guidelines in Pierce County.

   Outcomes to date:
   - ✓ Developed a chronic disease indicators workgroup within the Community and Clinical Preventive Services Coalition
   - ✓ Conducted an assessment of current quality measures practices at each of the health care systems
   - ✓ Conducted site visits to health systems to become familiar with the quality measures used by each
   - ✓ Collectively identified chronic disease measures to be tracked and monitored across systems

2. **Develop a common county web-based medical record registry for tracking and improving clinical preventive services and outcomes.**

Develop and implement a common web-based registry of records that can be accessed by all health care systems in the county. Significant historical and political barriers need to be overcome to trade information on the Health Information Exchange and establish a joint registry.

Outcomes to date:

- ✓ Developed a Health Information Technology work group within the Community and Clinical Preventive Services Coalition.
- ✓ Identified Information Technology experts/consultants to provide assistance to the Health Information Technology work group
- ✓ Met with representatives of the Child Profile system and other health technology agencies to improve understanding of joint registries
- ✓ Met with administrative leaders of health systems to educate them on the benefits of a county wide patient electronic medical record registry
- ✓ Convened meeting with health care system leaders to identify needs and address barriers to implementation
- ✓ Developed an assessment and plan to field a chronic disease registry in Pierce County that included:
  - Environmental scan and interviews of select US population-based chronic disease registries
  - Identification of constraints, strengths and weaknesses in developing a chronic disease registry in Pierce County
  - Feasibility analysis of the registry assessment project and recommendations for next steps

3. **Increase culturally competent care and improve outcomes for targeted populations through partnership with Community Health Workers (CHW)**
   In Pierce County, there are currently many professionals/paraprofessionals serving in community health worker types of roles, but their approaches and training differ. The focus of this goal is to increase capacity of CHW's to assist as health care extenders.

   Outcomes to date:

- ✓ Conducted assessment of community professionals and paraprofessionals serving in a community health worker capacity (numbers, scope of practice, reach, etc)
- ✓ Developed a Community Health Worker collaborative to provide networking and skill building opportunities for all Pierce County community health workers
- ✓ Created a CHW partnership proposal which outlines the need and impact of a clinical and community partnership with CHWs in disproportionately impacted communities
- ✓ Held meetings with administrative leaders of community based and health care institutions to discuss the health benefits of partnering with CHW's to provide culturally competent care in communities
- ✓ Identified essential elements of a community health worker curriculum

Earlier this year, the Health Department convened a new group- the Pierce County Health Innovation Partnership with the purpose of formally readying our community to apply for and receive a CMS Healthcare Innovation Grant Award. This is an evolutionary step resulting from numerous collaborations undertaken in Pierce County over the last number of years and allows us to create stronger collective impact. Current participants include high level leadership of local medical providers, health care systems and clinics, payers (all five of Pierce County HCA qualified health plans), community organizations, consultants, governmental agencies and health care purchasers. This group has identified additional community priorities and strategies to achieve Triple Aim goals in Pierce County (Table 5). Shortly into our team building process, we realized that we were unintentionally building the foundation for a Pierce County Accountable Community of Health and designed our backbone structure to accommodate this type of designation.

Our Health Innovation Partnership has accomplished a significant amount of planning in the last five months. We have a working charter that includes a shared vision, mission, values, and collaborative infrastructure. Partners have demonstrated commitment to a learning culture and are willing to share resources and best practices. A Community of Health Planning Grant will allow us to broaden this work and create a more inclusive, sustainable and united approach to move forward together.

Table 5: Health Innovation Partnership Organizations, Coalitions and Participants

Community Organizations and Coalitions	
ACHIEVE	Dr. Paul Schneider, Chair
Community Transformation Partnership	Heidi Winston, Coordinator Community/Clinical Services Coalition
Pierce County Medical Society	Sue Asher, Executive Director
Northwest Leadership Foundation	Pat Talton, President/CEO Annie Jones-Barnes, Executive Vice President
Pierce County AIDS Foundation	Duane Wilkerson, Executive Director
Pierce County Economic Development Board	Bruce Kendall, President & CEO Susan Suess, Senior Vice President
Consultants	
National Health Systems, Policy, Evaluation, Disparities, Cost-Effectiveness of Health Care Innovations	Jane Sisk
Governmental Agencies	
Health Care Authority	Laura Zaichkin, SHCIP Project Manager
Tacoma-Pierce County Health Department	Dr. Anthony Chen, Director Sebrena Chambers, Strengthening Families Director Kirsten Frandsen, Project Manager Laurie Jinkins, Director of Organizational Initiatives Susan Pfeifer, Program Manager – Assessment/Evaluation Greg Tanbara, Health Promotion Coordinator III Nigel Turner, Communicable Disease Division Director
Washington State Department of Health	Sue Grinnell, Director of Community Wellness & Prevention
Western Regional Medical Command	Brigadier General John Cho Colonel Ramona Fiorey, Commander, Madigan Army Med Center Colonel Peter Nelsen, Chief of Clinical Operations Major Rodd Marcum, Epidemiology and Disease Control

Health Care Systems and Providers	
Community Health Care	David Flentge, President/CEO Donald Reuther, IT Manger/Operations Director
Franciscan Health System	Joe Contris, Regional Clinical Manager, St. Francis Louis Lim, Medical Director of Quality Kimberly Moore, VP of Quality and Assistant Chief Medical Officer Kim Orchard, Director of Quality and Risk Management
Group Health Cooperative and Research Institute	Jim Leonard, VP, West & South Sound Markets Vicki Oyadomari, Director of Clinical Operations
MultiCare Health System	Lois Bernstein, Sr. Vice President of Community Services Eric Herman, Medical Director of Population Management Kevin Murray, Vice President of Primary Care Lester Reed, Sr. Vice President of Quality
Northwest Physician's Network	Scott Kronlund, Chief Medical Officer Rick McCornack, Chief Systems Integration Officer
OptumHealth	Bea Dixon, Deputy Director, Health Home Cheri Dolezal, CEO, Specialty Network WA Marty Driggs, Executive Director, Pierce Regional Support Network
SeaMar Community Health Centers	Federico Cruz-Uribe, Vice President of Clinical Affairs
Payers	
Amerigroup Real Solutions	Jennifer Nightingale, Manager of Provider Relations Melet Whinston, Senior Medical Director Matt Canedy, Vice President Government Relations
Community Health Plan of Washington	Erin Hafer, Program Manager of Product Development
Coordinated Care	Jay Fathi, CEO/President Shawn West, Chief Medical Officer Emily Transue, Medical Director
Molina Healthcare of Washington	Julie Lindberg, Vice President of Healthcare Services
United Healthcare	Doug Bowes, President Verni Jogaratnam, Chief Medical Officer
Health Care Purchasers	
Columbia Bank	JoAnne Coy, Vice President of Corporate Communications
Port of Tacoma	Don Johnson, Commissioner
Tacoma-Pierce County Chamber of Commerce	Tom Pierson, President/CEO
SEIU Health Benefits Trust	Charissa Raynor, Executive Director

The Pierce County Community—Where We Want to Be

While our current Health Innovation partnership includes many organizations with key decision making influence and ability to leverage significant organizational change towards Triple Aim goals, we currently lack the participation and perspective of community members, organizations and *non-traditional* community partners to fulfill the true fidelity of an Accountable Community of Health.

The Health Innovation Partnership recognizes the importance of shared responsibility and the causes and solutions for health care challenges. We support the Washington State Health Care Authority's belief that transformative results can be achieved if partners bring their combined

resources together to achieve common goals, utilize scare resources effectively and support prevention strategies at the community level.

We plan to involve additional coalitions and organizations to provide community voice and perspective and to develop and implement the Pierce County Accountable Communities of Health plan Our group will build collective impact and achieve strategic goals that could not be realized by agencies working independently. *We will align organizational priorities, reduce administrative burdens and duplication, maximize resources, coordinate efforts, streamline activities and leverage resources through traditional and innovative collaborations and improve health through targeted efforts.*

Our ACH planning group will be *diverse and inclusive*- to include human services and non-traditional sectors - including city, county, and tribal governments, planning departments, schools, healthcare systems and providers, community based organizations, businesses and public health agencies. See Table 5 for a list of community organizations and coalitions that we will invite to participate in the Pierce County ACH. Additional partners will be recruited after an inventory of community partners is completed during the ACH planning process.

We will use existing assessment to understand our community, such as our 2013 Community Health Needs Assessments and the resulting Pierce County Health Improvement Plan (June 2014). In order to maximize both the depth and breadth of our interventions, we will focus on population based approaches that will reach and impact all residents in our community, but specifically Medicare, Medicaid and CHIP enrollees. We will pay particular attention to communities where significant health disparities exist. This includes the African American, Latino, Native American, API and our rural communities in the Key Peninsula and on the eastern side of the county, which are sometimes overlooked.

We will solicit input from individuals and families through targeted outreach efforts such as focus groups, community meetings, surveys and workshops. Bolded names represent organizations or coalitions that primarily serve our rural communities.

The Health Care Authority has proposed that Pierce County be designated as a regional service area. Our current and planned partnership is well aligned and positioned to support this designation as evidenced by our proposed mission statement: “To improve the health of our community by collaboratively delivering integrated and cost-effective healthcare and human service solutions across Pierce County”

Proposed Mission:

To improve the health of our community by collaboratively delivering integrated and cost-effective healthcare and human service solutions across Pierce County

Given that all current and future partners work in Pierce County (Tables 5 and 6), our ability to serve a Pierce regional service area as an ACH is natural fit from a geographic perspective.

Table 6: Additional Partners for ACH Planning (organizations serving rural communities in bold)

Accountable Care Organizations		
ARBE Representatives	State Health Care Authority	WA State ACH Partners
Behavioral Health and Substance Abuse		
Asian Counseling Service	Mental Health Ombuds of P.C.	Metropolitan Development Council
MHCD Counseling Centers	Native American/Tribal Counseling	Pierce Co. Prevention & Treatment
Tacoma Rescue Mission	TPCHD Opiate Treatment Program	Youth & Adult Outpatient Contractors
Youth Suicide Prevention Program		
Community Coalitions		
Coalition to End Homelessness	Community and Neighborhood Coalitions	CTG Community/Clinical Preventive Services Coalition
Eastside Network	**Eatonville Youth Summit Coalition**	Family Support Partnership
Franklin Pierce Youth First!	Hilltop Network/Action Coalition	In-Person Assister Implementation Team
Lakewood Community Coalition	North Pierce County Community Coalition	PC2
Perinatal Collaborative of Pierce County	Pierce County Access to Care	Pierce County Community Health Worker Coalition
Pierce County Consumer Boards	Pierce County Human Service Coalition	Pierce County Immunization Coalition
Prairie Ridge Coalition	Salishan Advocates	**Sumner and Bonney Lake Communities for Families**
Tacoma Area Coalition for Individuals with Disabilities	Together We Care	United for University Place
Washington State Military Kids & Families Partnership	**White River Families First Coalition**	
Community Based Organizations (Social and Human Services)		
Bethel Community Services	Center for Independence	Comprehensive Life Resources
Eatonville Family Agency	Family Support Centers	Oasis Youth Center
Tacoma Community House	Tacoma Urban League	United Way of Pierce County
YMCA	YWCA	
Community Organizations and Coalitions with a Strong Cultural Component		
Asian Pacific Cultural Center	Black Collective	Central Latino
Cross Cultural Collaborative	El Camino	Korean Women's Association
Criminal Justice		
Pierce County Superior Court		
Employment and Labor		
Pierce County Labor Council	Tacoma-Pierce County Workforce Development Council	
Faith Based Organizations		
Associated Ministries	Black Infant Health/Health Ministers	Catholic Community Services
Lutheran Social Services	Ministerial Alliance	
Government		
Association of Cities and Towns	MetroParks Tacoma	Pierce County Community Connections
Pierce County Community Services		
Healthcare		
*Note- current participating healthcare partners and payers are listed in Table 4		
Northwest Medical Specialties	Pierce County Diabetes Association	Pierce County Project Access
Point Defiance AIDS Project	Planned Parenthood	Rainbow Center
Rural Health Centers	WA Free Clinic Association	
Housing		

Tacoma Housing Authority		
Philanthropy		
Tacoma Community Foundation	Russell Foundation	
Schools/Education (Organizations and Coalitions)		
Bethel School Health Coalition	Community and Technical Colleges	Community Health Education Foundation (CHEF)
Tacoma 360	Tacoma Public Schools	Tacoma-Pierce County Healthy Schools Collaborative
University of Washington- Tacoma		
Transportation (Organizations and Coalitions)		
Coalition for Active Transportation	Local Agency Active Transportation Workgroup	Pierce Transit
Tribal		
South Puget Intertribal Planning Agency	Tribal communities	

To have a full functioning collaborative, we will take proactive steps to maximize our success. We will hire an expert in coalition development to provide guidance and support during our planning process. We will use various project management tools such as quality planning/improvement to maximize our resources and potential for success.

We are fortunate that Pierce County has a strong history of coalition engagement. Local organizations have a good track record of longevity and commitment. An example being the ACHIEVE coalition which began in 2007 and has had many initiatives flourish under its umbrella. Additionally, we had excellent participation in a recent Pierce County Community Health Assessment (CHA) and have been recognized as a statewide model for our in-person assistors' program- which enrolls individuals and families in Apple Health programs.

To enhance engagement and commitment in our planning process, we will:

Plan Together
We will engage all members/participants in the planning process to develop a well represented plan and increase "buy in". We will create a collective mission & vision and solicit CEO and leadership commitment through Memorandums of Understanding and Agreement. We will plan for short term and intermediate goals/wins to maintain excitement and momentum.

The Six R's
We will incorporate the following elements into our work plan- recognition, respect, clear roles, build relationships, and create results.

Engage in Regular Maintenance and Communication
Our team will regularly examine leadership, communication, governance, division of labor, short and long term goals and plans, actions, funding and visibility/public support.

Developing a mechanism for generating and tracking specific commitments to action from all partners is critical to our success. We have started this process by outlining the roles/responsibilities of team partners. We identified the need for MOU's/MOA's and plan to have legal consultation to help us with this process. As we move forward with the development of an ACH plan, we will build upon our current Health Innovation Partnership process (Table 7):

Table 7: Process for Generating and Processing Commitments to Action

Action	Detail
Identify resource needs (after plan is created)	Identify needs collectively, as a group
Develop (refine) roles and responsibilities for each component of the plan	Roles and responsibilities for the Health Innovation Partnership have already been developed. These will be modified to accommodate an ACH structure.
Each organization to identify what they can contribute	Partnership will help to identify specific resources and make specific "asks"
Institutionalize the commitment with a Memorandum of Understanding or Memorandum of Agreement	Develop and review by Legal Counsel
Track commitments using project management tools	Monitor on a quarterly basis
Utilize best practice strategies to maintain engagement	

Our vision is to improve the health the Pierce County residents. While our goal is population wide impact, we will target specific interventions and activities to underserved populations who suffer the greatest burdens of disease (Table 8) and highest health care costs for the state. Pierce County currently has a large number of Apple Health and Medicare enrollees. Many of these individuals fit into the racial and ethnic subgroups listed in Tables 1 and 2. As of May 2014, 111,457 individuals were enrolled in Apple Health- representing approximately 14% of the total county population. Medicare beneficiaries account for another 126,876 -with a total of 238,333 CMS recipients representing 30% of the population.

We have had success reaching and providing services to these populations. A recent and successful example is the Tacoma-Pierce County *In-person Assister* program. As the lead organization for Pierce County, we contracted with fifteen community providers to conduct outreach, provide education and assist individuals to enroll in the Washington Health Benefit Exchange. By April 2014, we more than doubled our enrollment goal – enrolling 18,600 new Apple Health participants.

Table 8: Chronic Conditions- Pierce County Medicare Population (Source- CMS, 2011)

	0-1 Chronic Condition	2-3 Chronic Conditions	4-5 Chronic Conditions	6+ Chronic Conditions
% of Medicare enrollees	41.8%	29.3%	18.3%	10.6%
# of ED visits per year	211.3	461.8	881.6	2,148.8
Per capita cost	$1,912	$5,882	$11,624	$29,210
% hospital readmission	9.3%	9.6%	14.3%	26.2%

To be sure that we are addressing and meeting the needs of these populations, we will rely on assessments, data, individual and community input to help us develop ways to address primary health concerns.

One of the resources that we will use is the information gathered in a recent Pierce County Community Health Needs Assessment (CHNA) and Community Health Improvement Plan (CHIP).

A Community Health Needs Assessment was conducted in 2012/2013 to assess the current state of health in Pierce County. The Tacoma-Pierce County Health Department facilitated this process, in conjunction with MultiCare and Franciscan Health System and the University of Washington-Tacoma.

Results of this assessment were used to create a Community Health Improvement Plan (June 2014). The planning process used two parallel components in soliciting qualitative feedback on health needs and concerns —one for community partners and one for community residents.

740 Pierce County residents participated, including community members representing diverse and underserved populations, community leaders and other partners. Participants were asked the following questions via focus groups, community workshops and community surveys:

- *What makes a healthy community and what would a healthy Pierce County look like?*
- *What are the strengths, assets and resources of Pierce County?*
- *What are the challenges to health in Pierce County?*
- *What are the most important health issues that need to be addressed in a community health improvement plan?*
- *What stories about our residents and their health are important to tell?*
- *What are Pierce County's strengths and assets that contribute to good health?*

We had significant input from public health advisors, Board of Health members and our core partners as well. Key questions we asked included:

- *What other issues face Pierce County?*
- *What non-health issues affect the health of Pierce County, such as laws, funding and changing demographics? What trends and events related to social, political, economic and technological issues might also affect the health of our residents?*
- *Are we able to conduct the essential services necessary to safeguard the public? What are the gaps in our local public health system?*

This qualitative feedback was merged with quantitative health data to develop five key priority areas. They are: (1) mental health (2) substance abuse (3) health disparities especially within the realm of chronic disease (4) access to quality health care services, and (5) protecting and improving the environment.

Table 9: Pierce County Health Community Priorities Prioritization Matrix

	Mental health	Substance abuse	Health disparities	Access to quality care and services	Protecting and improving the environment
This health issue affects a lot of Pierce County residents	**80.0%**	71.8%	64.5%	66.5%	60.4%
This health issue affects vulnerable groups of Pierce County residents	70.3%	56.9%	**84.6%**	81.3%	39.0%
More resources (e.g., money, advocacy, staff) are needed for this issue	**86.1%**	56.5%	56.1%	53.2%	43.5%
There's a good chance that this health issue could be improved if local organizations and agencies work on it	**74.3%**	59.3%	61.8%	63.5%	56.8%

250 community residents ranked these findings through web based and paper surveys. Results were analyzed using an objective prioritization matrix. Surveys were provided in English, Spanish and Korean and distributed by health and social service agencies serving Pierce County residents. Results were as follows (below and Table 9):

1. Mental health
2. Access to quality care and services
3. Protecting and improving the environment
4. Health disparities
5. Substance abuse

To put these findings into action, more than 150 community partners gathered to discuss their readiness and ability to take action on these issues. Community members were asked the following questions to help facilitate the development of an implementation plan:

Mental Health and Substance Abuse

- What activities, programs or policies can support a system that promotes positive mental health and healthy development for individuals, families and communities?
- What barriers to accessing mental health treatment services can be reduced?
- What are ways to increase the availability of mental health service providers?
- How can coordination between mental health treatment providers be improved?
- How can barriers to seeking mental health treatment or information be reduced and/or eliminated?

Access to Quality Care and Services and Health Equity

- What specific inequities can be addressed so that Pierce County residents have fair and just access to health? (These may include transportation, access to healthy foods, health insurance, places and options for exercise, health literacy, job skills, and smoking cessation programs).
- What cultural competency needs can be addressed so that Pierce County residents have fair and just access to health? (These may include culture of poverty training,

training on LGBTQ inequities, language translation services, and cultural competency education/training around African American, Asian, and Latino communities).

Results from these processes are being used to develop a Community Health Improvement Plan. This plan will be a critical resource as we develop our Accountable Communities of Health plan. Additional participation by Apple Health recipients and the general community will be gathered through similar processes used in development of the CHIP. Our ACH plan will provide more detailed information on how we will continue to engage community members and related organizations. (future partners in Table 5).

The Pierce County Health Innovation Partnership has developed an infrastructure/backbone for how we will work together (Table 10). *This structure will be modified to accommodate a more inclusive ACH structure.* This model (Figure 3) will be refined to accommodate an ACH structure to include more community involvement and participation. We will ensure that the model fits the needs of our community and meets the following key principles:

- The structure will enable public-private partnership and cross-organizational priority setting.
- No single entity or common group of entities will control the direction, agenda, and decision making.
- Representation from across the health sector, community at large and consumers will be present within our decision making structure so that it reflects the values of our community.
- Tribal representation will be sought.
- We will include ARBE participants. ACH and ARBE's will be linked so that they can form strong partnerships and working relationships (except on matters related to procurement/oversight).

Figure 3: Current Backbone and Governance Structure

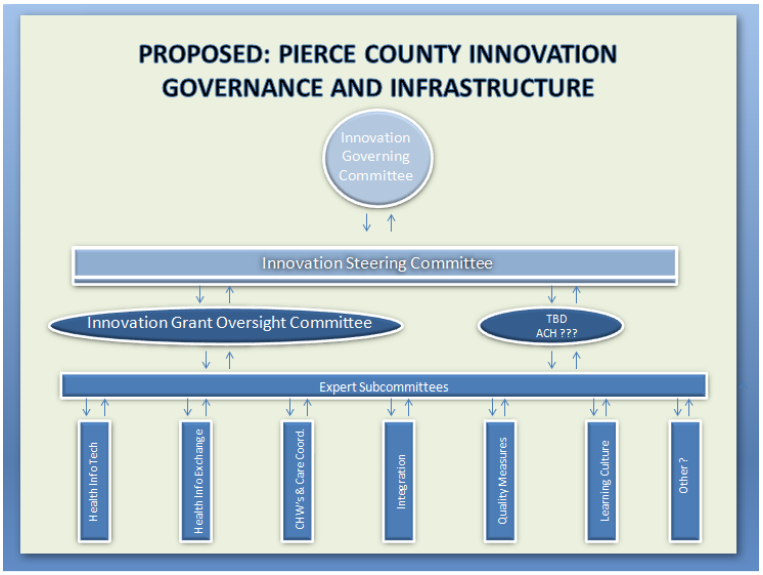


Table 10: Roles/Responsibilities in Health Innovation Partnership (backbone structure)

Entity	Responsibilities
Governance Committee	Will be the face and highest level of governance for health care innovation in Pierce Co. Gives stamp of approval for major decisions. Responsible for basic concepts of governance and refines organizational structure. Approves mission and vision. Allocates resources and provides high level support. Comprised of CEO's of organizations that contribute resources to the work. Creates the authorizing environment for the innovation work being done and uses bully pulpit to advance it.

Entity	Responsibilities
	Meeting frequency: every 6-12 months
Steering Committee	Provides strategic oversight to the initiative and their organizational structures. Fosters the collaborative planning and adoption of strategies to achieve the mission and vision .They will govern and act on decisions of the Governing Committee and recommendations of the Innovation Project Oversight Committee(s), assist in developing policy and related opportunities, provide advocacy and network support. Refines vision, backbone structure, and governance model. Individuals on this Committee will have the authority to authorize use of resources from their respective organizations. Meeting frequency: quarterly or bi-monthly
Innovation Grant Committee	Advises the Steering Committee. Driving force for grant writing. Develops timelines and benchmarks. Identifies needed resources. Requests resources from Steering & Governance Committees. Identifies sub-committees and workgroups for the grant. Develops ideas, innovative components, topics and systems for the grant. Develops grant objectives. Meeting frequency: monthly
Expert Sub-Committees	Using objectives developed by the Innovation Grant Committee, expert sub-committees provide technical knowledge, expertise and recommendations to the Innovation Grant Committee (and ultimately the Steering Committee) May include internal staff of partner organizations and/or external consultants. Develops ideas, innovative components and writes sections of the grant proposal pertaining to areas of expertise. Meeting frequency: as needed

We will ensure engagement of our rural communities in the ACH planning process and address their specific needs and challenges. In Table 5, we highlighted (in bold) a number of organizations and coalitions who serve our rural communities. We will work with local leaders and members of the Pierce County Cities and Towns (small town mayors) to address unique issues and garner support.

Rural communities participated in the CHIP planning process and we will review and analyze data to identify special needs and considerations. Since access (e.g. health care, transportation) is an ongoing challenge, strategies such as tele-medicine will be explored to help mitigate these issues.

Alignment and coordination of efforts will not only happen at our county level, but will also occur at the state/local level. We are fortunate that Laura Zaichin (HCA) and Sue Grinnell (DOH) have been a part of our Health Innovation Partnership planning (note: they have not been involved in the development of this application). They provided our team information and a presentation on the state Health Care Innovation plan and how we might align state and local work. Each of the priorities that our partnership has identified to date (health information technology, health information exchange, Community Health Workers, value based purchasing, medical homes, behavioral health and primary care integration, and quality measures), are also identified in the State Plan. The Pierce County Community Transformation Partnership and respective Community and Clinical Preventive Services Coalition have also worked with state partners to align mutual goals and activities. We have strong connections and colleagues at the state level.

We are committed to working with the state Health Care Authority in the following ways:

1. Be partners in procurement
2. Develop a regional health assessment and regional health improvement plan
3. Drive accountability for results through voluntary “compacts”
4. Act as a forum for harmonizing payment models, performance measures and investments
5. Facilitate health coordination and workforce development
6. Host and facilitator of the regional extension agents
7. Use innovative data to address community health needs

We recognize that there will be some risk involved so it is essential that we have shared priorities. It will be critical to have good communication so we will develop a communication plan as part of our ACH planning process.

In addition to a communication plan, we will develop a plan for addressing our assessment, evaluation and data needs in conjunction with our state partners. Our Health Department has an Office of Assessment, Planning and Improvement (OAPI) unit with experts in a variety of fields. Ten percent of our $50K planning budget will be devoted to data support. Support will include an OAPI liaison, Epidemiologist, Program Analysis and GIS mapping specialist. Specific roles and responsibilities of each of these positions are outlined in the budget section of this application.

We will utilize the considerable amount of data that currently exists (Table 11). We will consult with OAPI to add additional data sources. Instead of gathering massive data without direction, we will identify the questions that need to be answered and then seek data sources.

The work of the CTG Clinical and Community Preventive Services Coalition and our current Partnership has begun to look at the issue of Health Information Technology and Exchange and we have a vision for moving forward. We are starting to come to consensus about what and how we share. We will work with the State and other community partners to identify how to best move forward in this area.

Table 11: Current Data and Sources Relevant to Triple Aim/ACH

Data Entity	Data Available
Health Care Authority	Enrollment Reports Enrollment Maps
CMS Payers	Reimbursement Rates Patient Demographics Types of Providers Treatment/Diagnostic Codes
Tacoma-Pierce County Health Department and WA State Department of Health	Behavioral Risk Factor Surveillance Survey (BRFSS) Comprehensive Hospital Abstract Reporting System (CHARS) • Identify and analyze health trends related to hospitalizations • Establish statewide diagnosis related groups weights • Create hospital specific case mix indices • Identify and quantify issues related to health care access,

	quality and cost containment Birth Records Death Records Special Reports
Hospital, Health Systems and Health Organizations	Hospitalization Emergency Department Billed Rates for Services # of days provider contacts patient post hospital discharge Crisis line reports (OptumHealth) Changes in legal status for discharges (OptumHealth) Client demographics (OptumHealth)
University of Washington- Tacoma	Community Assessments (Qualitative) Student Demographics (1st generation of college goers for immigrant families)

To ensure that our Partnership and ACH has a long life, we will build sustainability into our plan at the onset of our planning. We will identify funding sources and focus on creating policy, systems and environmental changes that will extend beyond the life of any grants we receive. We will use the CDC Sustainability Planning Guide for Health Communities and use the experience of our partners to guide us in this area.

Project Plan and Timeline

Below is a plan that outlines the key steps (with key milestones in red) that we will use to develop our ACH plan. This will be adjusted based on feedback from the state and HCA.

	Implementation Month (July – December 2014)						
Planning Timeline	**JUL**	**AUG**	**SEPT**	**OCT**	**NOV**	**DEC**	**POST**
Grant awarded							
Finalize Pierce County Community Health Improvement Plan (CHIP)							
Develop and formalize organization commitment through use of Memorandums of Understanding/Agreement							
Engage additional stakeholders in the planning process							
Conduct community wide inventory of health resources to link clinical and community resources							
Identify and facilitate shared community resources							
Develop a sustainability and communication plan							
Identify shared community health and health care priorities that align with State transformation priorities and related transformation efforts. **Finalize inventory**							

	Implementation Month (July – December 2014)						
Planning Timeline	**JUL**	**AUG**	**SEPT**	**OCT**	**NOV**	**DEC**	**POST**
report.							
Develop charter to include potential roles in: • Partnership & engagement with HCA in Apple Health purchasing • Strategies for harmonizing payment models, performance measures and investments							
Identify a lead organization for the Pierce County ACH							
Identify learning opportunities for the Partnership							
Interim progress reports 90 days before budget period							
Ongoing evaluation/monitoring							
Ongoing leveraging/fund raising/sustainability planning							
Work with State HCA; participate in learning opportunities							
Partner with the State to identify opportunities for alignment, barriers to achieving shared aims and barrier resolution strategies							
Intensive evaluation activities and synthesis							
Submit final plan and report							

Budget Narrative

If Pierce County is selected to receive an HCA planning grant, we will use the $50K in funding and considerable in-kind resources support the following:

Program Administrator

0.3 FTE of a Project Administrator will be used to support the administration of the grant and its deliverables. Responsibilities include:

- Oversee the day to day operations of the project
- Coordinate all project aspects and phases, from planning to deliverables
- Oversee multiple elements to ensure a successful process and completed project
- Provide assistance in planning
- Manage project schedule and delivery
- Update and maintain documentation
- Develop and upload website content
- Performance monitoring and reporting
- Budget monitoring and reporting

Project Manager

- Manage stakeholder expectations
- Manage constraints (cost, time, scope and quality)
- Lead for planning and execution of the project
- Ultimately responsible for accomplishing project objectives
- Create clear and attainable project objectives
- In conjunction with partners, develop, assess and select proper strategy for the project, considering performance, cost, time and scope constraints
- Manage communication, project risk, budget and conflicts
- Ensures overall success of the project
- Performance management
- Maintain the progress and mutual interaction and tasks of various parties in such as way that reduces the risk of failure, maximizes benefits and restricts costs

Office of Assessment, Planning and Improvement Liaison

- Responds to general requests for assistance
- Identifies staffing and other data resources
- Serves as the primary liaison between the ACH planning group and OAPI staff
- Provides assistance on data sharing agreements between medical systems, providers, payers, public health, Division of Social and Health Services and the Washington State Health Care Authority

Program Analyst

- Provides recommendations and support for qualitative analysis
- Provides project management resources and support

Epidemiologist

- Assist with Project Planning and Management- provide tools, resources and consultation
- Provide assessment, evaluation, and quality planning/improvement activities
- Data collection, compilation and data analysis
- Write reports, as needed

Environmental Health Specialist I

- Assists will geo-mapping requests to help us understand and use data in geographic contexts.
- Creates maps

Health Department Director

- Provide high level guidance
- Assist with networking and communication of partners/potential partners
- Public health expertise

Planning Participants

Individuals from the Pierce County Health Innovation Partnership will provide support in development of a community plan. Roles and responsibilities include:

- Participate in determining the direction of the ACH
- Serve as a liasison to the represented organization; report progress of discussions to that organization. Share concerns and ideas of the represented organization with the coalition
- Candidly share interests and concerns
- Listen and fully understand the views of others
- Assist in prioritizing goals, objectives and development of a plan
- Provide input into a charter, including mission and vision
- Assist in implementing activities
- Serve as a resource for the development of program activities
- Serve as ambassador for the work of the coalition and promote its mission when and wherever possible.
- Prepare for and attend meetings on a regular basis.
- Help to develop and implement a plan to sustain the group and its work

Consultants

1. Accountable Risk Bearing Entities
   Partnership would like to learn more about Accountable Risk Bearing Entities, how they work and how we coordinate efforts
2. ACH Development and Agile Transformation
   While Pierce County has many community organizations and partnerships, we lack the coordination, integration and alignment to move the needle in many health related areas. Expert consultation will provide us with the needed support to develop a functional ACH that is inclusive of multiple community partners
3. Partner Inventory
   There are many health related and human service organizations in Pierce County but a complete inventory is not available. An inventory of the organizations, what they do and the resources they offer is critical to enhancing the connection between medical systems and communities for referral and coordination purposes.
4. Health Information Exchange Assessment
   Currently, many health providers, payers, and providers using electronic health record systems. Many of these systems are connected to one another. However; we do not have a current assessment of who is connected to one another and through what portals. In order to understand the extent of our current Health Information Exchange systems, we need to conduct an assessment. The assessment will be used to help us develop next steps.
5. Legal Counsel

Will provide consult, as needed, in the development of Memorandum of Understanding and Agreement and specific areas of collaboration, data sharing, risk, etc.

6. Facilitation
   At times, our planning process may benefit from the use of an individual with group process and facilitation skills. This will be especially useful and important when discussing areas of coordination and have potential for disagreement.
7. Subject Matter Expertise
   As our Partnership fleshes out our specific disease intervention priorities (e.g. diabetes and depression), we will seek assistance from experts in the field to help guide our planning.

Indirect Costs

Includes a 21% indirect rate and 7% of direct costs for Public Health Manager services.

Pierce County Health Innovation Partnership
Budget Worksheet
Project Period June 30 – Dec 31, 2014

A. Administration Position Name/Title	Grant Total	In-Kind Total	Project Total
Project Manager	5,235	8,206	13,441
Epidemiologist II	3,318		3,318
Program Analyst	1,031		1,031
Program Manager	593		593
EHS I	898		898
Department Director		10,458	10,458
Director of Organizational Initiatives		25,268	25,268
Total Salaries & Wages	**11,075**	**43,932**	**55,006**
B. Fringe Benefits @ 30% of Salaries & Wages			
	3,322	13,179	14,217
Total Fringe Benefits	**3,322**	**13,179**	**16,502**
C. Consultant Costs			
Accountable Risk Bearing Entities	2,500		2,500
Coalition Development	8,000		8,000
Partner Inventory	4,000		4,000
Health Information Exchange Assessment	2,000		2,000
Legal	2,500		2,500
Facilitation	2,500		2,500
Subject Matter Expertise	2,500		2,500
Total Consultant Costs	**28,000**	**-**	**28,000**
D. Other Direct Costs			
Direct Division Management 7.0% of Total Costs	2,688	3,998	6,686

Total Other Direct Costs	**2,688**	**3,998**	**6,686**
Total Direct Costs	**41,085**	**54,795**	**95,880**
E. Indirect Overhead/Support Services @ 21.7%			
	8,915	13,261	21,256
Total Indirect Costs	8,915	13,261	21,256
Total Costs	**50,000**	**74,369**	**123,449.81**

In addition to the funding described above, we will seek and leverage additional resources. TPCHD and Pierce County partners have historically made the most of state, county, municipal and privately funded programs to improve community health. In turn, these investments have been leveraged mainly through securing in-kind resources including personnel time, donated services, equipment and supplies.

Future leveraging of funds will occur by: (1) directly increasing initiative resources through cash and in-kind donations as described above; and (2) successfully obtaining separate, but related grants that support related objectives.

The primary source of cash funding for planning the Pierce County Accountable Community of Health will be the $50K funding from the WA State Health Care Authority Community of Health Planning grant. However; we will seek additional funding from local, state and national funders to supplement and sustain existing work in the next five years and beyond. While specific commitments have not yet been made, those sitting at the Innovation Partnership table have already committed to in-kind and/or financial resources toward our innovation work.

Grants

The Health Department has a team devoted to grant seeking. This group will be actively involved in searching for grants to support development and implementation of the Pierce County Accountable Communities of Health plan.

We will apply for the next round of the CMS/CMMI Health Care Innovation Grant.

Social Impact Bonds

To fund our ongoing efforts, consider a “pay it forward” strategy (similar to social impact bonds). We will pool funds for coordination needs from CMS payers for upfront costs and return the funding plus additional return on investment.

Local Foundations

Local Pierce County Foundations include the Russell Foundation and Tacoma Community Foundation. We will meet with these and other local funders to discuss the initiative solicit support and recruit for planning participation.

Attachment 1 – Certification and Assurances, signed by an authorized representative

CERTIFICATIONS AND ASSURANCES
GOA #14-015 – COMMUNITY OF HEALTH PLANNING

I/we make the following certifications and assurances as a required element of the Application to which it is attached, understanding that the truthfulness of the facts affirmed here and the continuing compliance with these requirements are conditions precedent to the award or continuation of the related contract(s):

1. I/we declare that all answers and statements made in the Application are true and correct.

2. In preparing this Application, I/we have not been assisted by any current or former employee of the state of Washington whose duties relate (or did relate) to this Application or prospective contract, and who was assisting in other than his or her official, public capacity. Neither does such a person nor any member of his or her immediate family have any financial interest in the outcome of this Application. (Any exceptions to these assurances are described in full detail on a separate page and attached to this document).

3. I/we understand that the HCA will not reimburse me/us for any costs incurred in the preparation of this Application. All Applications become the property of the HCA, and I/we claim no proprietary right to the ideas, writings, items, or samples, unless so stated in this Application.

4. No attempt has been made or will be made by the Applicant to induce any other person or Applicant to submit or not to submit an Application for the purpose of restricting competition.

On behalf of the firm submitting this Application, my name below attests to the accuracy of the above statements.

Signature of Applicant

DIRECTOR OF HEALTH — 5/28/14

Title — Date

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